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| REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING | | | | A. Agency, code agency subelement and submitting office number (Example--xx-xx-xxxx) | | 01 | | B. OFFICE USE ONLY | |
| | | | | | | | | C. Request status (Mark (X) one) | |
| | | Initial or Resubmission | | Correction or Cancellation | | | | | |

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| Section A -- TRAINEE INFORMATION | | | | | | | | | | | |
| 1. Applicant's name (Last-First-Middle Initial) Howell, Mary | | | | Enter first 5 letters of last name JPWE: | | 03 | | 2. Social Security Number 123-45-6789 | | 04 | |
| | | | | | | | | 3. Date of birth (Year and month) 52/11 | | 05 <small>(Example - born January 14, 1943 shown as 43/01)</small> | |
| 4. Home address (Number, street, city, State, ZIP code) 123 5th Street, SW Wash., DC 20000 | | | | 5. Home telephone Area Code and Number (202)123-4567 | | | | 6. Position level (Mark (X) one only) <input checked="" type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> d. Executive | | | |
| 7. Organization mailing address (Branch-Division/Office/Bureau/Agency) ITATD/BI/OA | | | | 8. Office telephone Area Code, Number and Extension (202)482-1234 | | | | 9. Continuous civilian service Years Months 10 6 | | 10. Number of prior non-government training days 0 | |
| 11a. Position title/function International Trade Specialist | | | 11b. Applicant handicapped or disabled (See instructions) | | 12. Pay Plan/series/ grade/ step GS 1140/12/6 | | | 13. Type of appointment Career | | 14. Education Level BS | |

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| Section B--TRAINING COURSE DATA | | | | | | | | | | |
| 15a. Name and Mailing address of training vendor (No., street, city, State, ZIP Code) ABC Company Arling, VA 22205 | | | | | | 15b. Location of training site (if same mark box) → <input checked="" type="checkbox"/> | | | | |
| 16. Course title and training objectives (Benefits to be delivered by the Government) Basic Economics | | | | | | | | | | |
| 17. Catalog/Course No. | | 18. Training period (6 digits) Year Month Day 99/05/23 | | | 06 | | 19. No. of course hours (4 digits) 8 | | 07 | |
| | | a. Start | | | b. Non-duty | | a. Purpose | | Code 08 c. Source Code 10 | |
| | | b. Complete | | | c. TOTAL | | b. Type | | 5 09 d. Special interest 0 11 | |

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| AGENCY USE ONLY | | | | | | | | | |
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| Section C--ESTIMATED COSTS AND BILLING INFORMATION | | | | | Section D--APPROVALS | | | | |
| 21. Direct costs and appropriation/fund chargeable | | | | | 26a. Immediate supervisor - Name and title Please Complete | | | | |
| Item | | Amount | | Appropriation/fund Use Org. Appropriation Codes 001/XXXXXX/XXXX | Area code/Tel. No./Extension | | | | |
| | | Dollars | Cents | | | | | | |
| a. Tuition | | \$ | 110 00 | | b. Signature | | | Date | |
| b. Books or Materials | | | | | 27a. Second-line supervisor - Name and title | | | Area code/Tel. No./Extension | |
| c. Other (Specify) | | | | | Please Complete | | | | |
| d. (Enter 4 digits in dollar column) | | 12 | | b. Signature | | | Date | | |
| Total | | \$ | 110 00 | | | | | | |
| 22. Indirect costs and appropriation/fund chargeable | | | | | 28a. Training officer - Name and title EDS-IN-CHARGE | | | | |
| Item | | Amount | | Area code/Tel. No./Extension | | | | | |
| | | Dollars | Cents | 202-482-3947 | | | | | |
| a. Travel | | \$ | | b. Signature | | | Date | | |
| b. Per diem | | | | | | | | | |
| c. Other (Specify) | | | | | | | | | |
| d. (Enter 4 digits in dollar column) | | 13 | | | | | | | |
| Total | | \$ | | | | | | | |
| 23. Document/Purchase Order/Requisition No. | | | | | Section E--APPROVAL/CONCURRENCE | | | | |
| 24. 8-Digit station symbol (Example--12-34-5678) → 13120001 | | | | | 29a. Authorizing official - Name and title Peggy Hawkins Director, CDD | | | Area code/Tel. No./Extension 202-482-3947 | |
| | | | | | b. Signature | | | Approved Date Disapproved | |
| 25. BILLING INSTRUCTIONS (Furnish invoice to): U.S. Department of Commerce (Your Office and Room #) 14th & Constitution Avenue, N.W. Washington, D.C. 20230 | | | | | Section F--CERTIFICATION OF TRAINING COMPLETION | | | | |
| | | | | | 30a. Certifying official - Name and title EDS-IN-CHARGE | | | Area code/Tel. No./Extension 202-482-3947 | |
| | | | | | b. Signature | | | Date | |